, (0	IPE	PART B	3 - FEE(S) T	RANSMITTA	L			
MAY	,		or <u>Fax</u>	Commissi P.O. Box Alexandri (703) 746-	ioner fo 1450 ia, Virgi 4000	r Patents inia 22313-1450		
INSTRUCTIONS his fappropriate. All further indicated unless corrected maintenance fee notification	form should be used for tran composition of including the results of the below or directed otherwise ons.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUI ders and notifica) specifying a ne	BLICATION FEE tion of maintenan w correspondence	(if requirece fees we address;	red). Blocks 1 through 5 s ill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
	NCE ADDRESS (Note: Use Block 1 for 7590 05/19/2005	any change of address)		Fee(s) Transr	mittal. Thi	s certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
David M. Sigmo Maxtor Corporati 2452 Clover Basis Longmont, CO 80	on n Drive			I hereby certi States Postal addressed to transmitted to	ify that thi Service w	Stop ISSUE FEE address FO (703) 746-4000, on the	smission Ig deposited with the United Ist class mail in an envelope Babove, or being facsimile date indicated below.	
05/27/2005 WABD	ELR3 00000034 130016	09965595			<u>) au:</u>	d Sigmond	(Depositor's name)	
•	1400.00 DA				<u> </u>	J. Egnath	(Signature)	
01 FC:1501 02 FC:8001	15.00 DA				5/3	13/85	(Date)	
APPLICATION NO.	FILING DATE		VENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/965,595 TITLE OF INVENTION:	09/26/2001 METHOD AND APPARATU	S FOR MANUFA	Don Brunn CTURE TEST Pl		ISK DRIV	3123-321 /E INSTALLED IN A COM	3497 IPUTER SYSTEM	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION F	EE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0		\$1400	08/19/2005	
EXA	ART UNIT		CLASS-SUBCLA	ASS-SUBCLASS				
DUNCAN, MARC M		2113		714-042000	714-042000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (pr	int or type)	•			
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified be in 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear Γa substitute for	on the patent. If a filing an assignment	an assigne nt.	ee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGN		(B) RESIDENCE: (CITY and STATE	OR COU	NTRY)		
Maxtor	Corporatio	n	Longi	mont,	CO .			
Please check the appropria	te assignee category or catego	ries (will not be pri	inted on the paten	t): 🗖 Individu	al 🖪 Co	rporation or other private gr	oup entity Government	
4a. The following fee(s) are	e enclosed:	4b	. Payment of Fee	` '				
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a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.		_	-	L ENTITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the rec) is requested to apply the Issu Publication Fee (if required) v cords of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	ion Fee (if any) o I from anyone oth Office.	or to re-apply any per than the applica	previously ant; a regis	paid issue fee to the applicatered attorney or agent; or t	ation identified above. he assignee or other party in	
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